

**CREDIT APPLICATION**

**THERMO KING NORTHWEST, INC.**  
 DBAs: Top Rail Trailer Services  
 Bobcat (Seattle-Spokane-Pasco-Portland)  
 Perfect Drive Golf & Utility Vehicles

**SALESMAN:** \_\_\_\_\_ **DIVISION:** \_\_\_\_\_ **LOCATION:** \_\_\_\_\_

**SUBMIT COMPLETED APPLICATION TO:** [credit@tknw.com](mailto:credit@tknw.com) or Fax: 503-907-1123 or Mail to: PO BOX 338, FAIRVIEW OR 97024

**APPLICANT INFORMATION****Company Name:**

DBAs:

**Mailing Address:**

City:

State:

ZIP Code:

**Physical address:**

City:

State:

ZIP Code:

Phone:

Fax:

Website:

For additional locations to be added to account, please submit a separate sheet and include location manager name and contact information

**Accounts Payable Contact Name:**

Email:

Phone:

Fax:

**BUSINESS ESTABLISHMENT INFORMATION**

Type of Entity: Proprietorship Partnership LLC LLP Incorporated Not-for-Profit Organization

Date Business Established:

If Incorporated, Date of Incorporation:

State of Incorporation:

Federal I.D. Number:

State Business Identification Number:

Type of business:

**PRINCIPAL OWNERS, OFFICERS AND PARTNERS:** (Attach separate sheet with additional information, if necessary)

Name:

Title:

Ownership Interest:

Address

Home Phone:

Social Security Number:

Name:

Title:

Ownership Interest:

Address

Home Phone:

Social Security Number:

**PURCHASING REQUIREMENTS**

Are Purchases/Services Taxable?  YES  NO

Are Purchase Orders Required?  YES  NO

NOTE: If account is tax exempt, please attached exemption with completed credit application. If exemption is not attached, we cannot allow exemption

If you limit who can purchase and/or authorize service, please provide on separate sheet contact information: name, phone, fax, address location(s), position for each authorized employee.

**TRADE REFERENCES****BANK****Bank Name:**

Bank Address:

City:

State:

ZIP Code:

Account Number:

Type Of Account Number:

Account Representative Name:

Position:

Phone:

E-mail:

Fax:

**VENDORS** (If we cannot contact or reference will not provide information, we will request additional reference(s))

**Vendor Name:**

Account Number:

Contact Name:

Address:

Phone:

City:

State:

ZIP Code:

**Vendor Name:**

Account Number:

Contact Name:

Address:

Phone:

City:

State:

ZIP Code:

**Vendor Name:**

Account Number:

Contact Name:

Address:

Phone:

City:

ZIP Code:

# CREDIT APPLICATION

## THERMO KING NORTHWEST, INC.

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Perfect Drive Golf & Utility Vehicles

### CUSTOMER REFERENCES

**Customer Name:**

Contact Name:	How Long?	
Address:	Phone:	
City:	State:	ZIP Code:

**Customer Name:**

Contact Name:	How Long?	
Address:	Phone:	
City:	State:	ZIP Code:

### RELEASE/AUTHORIZATION

Applicant certifies that all information contained herein is true and correct. Applicant grants permission to Thermo King Northwest Inc., to obtain independent credit reports or credit reports and other information from its references and bank, and authorizes the credit references and bank references to release information to Thermo King Northwest, Inc. that may be used to determine credit worthiness.

Authorized Company Name (Print): \_\_\_\_\_ Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The undersigned is either a sole proprietor, a partner in a partnership, an individual who may be executing a personal guarantee in connection with the extension of credit to Applicant, or one of the principal stockholders of a corporation. I give permission to Thermo King Northwest, Inc. to obtain and utilize an individual credit report on me personally to determine my creditworthiness.

Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

THE FEDERAL EQUAL CREDIT OPPORTUNITY ACT PROHIBITS CREDITORS FROM DISCRIMINATING AGAINST CREDIT APPLICANTS ON THE BASIS OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX MARITAL STATUS; AGE; (PROVIDED THE APPLICANT HAS THE CAPACITY TO ENTER INTO A BINDING CONTRACT); BECAUSE ALL OR PART OF THE APPLICANT'S INCOME DERIVES FROM ANY PUBLIC ASSISTANCE PROGRAM; OR BECAUSE THE APPLICANT HAS IN GOOD FAITH EXERCISED ANY RIGHT UNDER THE CONSUMER CREDIT PROTECTION ACT. THE FEDERAL AGENCY THAT ADMINISTERS COMPLIANCE WITH THIS LAW CONCERNING THIS CREDITOR IS FEDERAL TRADE COMMISSION, EQUAL CREDIT OPPORTUNITY; WASHINGTON, D.C. 20580

If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact (Thermo King Northwest, Inc. Credit Department, PO Box 338, Fairview OR 97024 and 503-907-1120 within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement.

### TERMS

Terms are Net 10<sup>th</sup>: Applicant agrees to pay all bills as rendered. All bills are due on the 10<sup>th</sup> day following the month of purchase. Statements are sent out monthly and show all open debit and credit invoices. Total balance of the monthly statement is due by the 10<sup>th</sup> of the month that the statement month is dated. We do not allow discounts and customers may not change terms at any time.

Credits and unidentified payments: Credits can only be taken if showing open on account. Credits are applied to oldest invoices first or original purchase invoice(s). Any/all payments not identifying invoice(s) being paid is considered an unidentified payment(s) and will be applied to the oldest invoice(s) on the account.

Disputes: Disputes that will cause delay in payment must be brought to the attention of the Credit Department as soon as known. Payments are still required to keep the account current and prevent open account privileges from being withdrawn or account placed on hold.

Interest/Service Charges: Applicant agrees to pay all bills as rendered, and agrees that overdue accounts are subject to monthly service charges of one and one-half percent (1 ½%) per month (18% Annual).

Attorneys; fees: Applicant agrees to pay all costs of collection, including actual out-of-pocket expenses and a collection fee of twenty-five percent (25%) if collected through a collection agency or attorneys.

Jurisdiction and Venue: The laws of the State of Oregon shall govern all contracts entered into between Applicant and Thermo King Northwest, Inc., and all disputes may be resolved within the Courts within the State of Oregon, County of Multnomah.

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

### PERSONAL/JOINT GUARANTY

Date: \_\_\_\_\_ I/We, (print name) \_\_\_\_\_

Date: \_\_\_\_\_ (print name) \_\_\_\_\_

Residing at (print address): \_\_\_\_\_

for and in consideration of your extending credit at my/our request to \_\_\_\_\_

(hereinafter referred to as the "Company"), of which I am (title) \_\_\_\_\_

hereby personally guarantee to you the payment at THERMO KING NORTHWEST, INC. 3235 NE 230<sup>TH</sup> AVE, PORTLAND in the state of OREGON any obligation of the Company, and I/we hereby agree to bind myself/ourselves to pay you on demand any sum which may become due to you by the Company whenever the Company shall fail to pay the same. It is understood that this guaranty shall be a continuing and irrevocable guaranty and indemnity for such indebtedness of the Company. I/We do hereby waive notice of default, nonpayment and notice thereof, and consent to any modification or renewal of the credit agreement hereby guaranteed.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of co-applicant, if for joint account: \_\_\_\_\_ Date: \_\_\_\_\_

### INTERNAL USE ONLY

ACCT NO: \_\_\_\_\_ DATE APPROVED: \_\_\_\_\_ CREDIT LIMIT: \_\_\_\_\_ APPROVED BY: \_\_\_\_\_